

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-678)

SERIAL NO.  
09/937388

FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
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27						
28						
29						
30						
31			1			
32						
33			1			
34						
35			1			
36						
37			1			
38						
39			1			
40						
41			1			
42						
43			1			
44						
45			1			
46				1		
47			1			
48						
49			1			
50						
TOTAL IND.	2		2		19	
TOTAL DEP.	46	40	40	22	22	
TOTAL CLAIMS	48	78	78	41	41	

NO.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52			1		1	
53			1		1	
54			1		1	
55			1		1	
56			1		1	
57			1		1	
58			1		1	
59			1		1	
60			1		1	
61			1		1	
62			1		1	
63			1		1	
64			1		1	
65			1		1	
66			1		1	
67			1		1	
68			1		1	
69			1		1	
70			1		1	
71			1		1	
72			1		1	
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95						
96						
97						
98						
99						
100						
TOTAL IND.			2		2	
TOTAL DEP.			47		47	
TOTAL CLAIMS			49		49	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS